

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: *HALSTEAD HOUSING AUTHORITY of the City of
Halstead, Kansas*

PHA Number: *KS112 V01*

PHA Fiscal Year Beginning: *07/2001*

PHA Plan Contact Information:

Name: *BARBARA J. POST*

Phone: *316-835-2026*

TDD: *1-800-766-3777*

Email (if available): *bpost@southwind.net*

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

☒ Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒ Main administrative office of the PHA
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA
PHA development management offices Other (list below)

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only ☒ Public Housing Only

Small PHA Plan Update

HUD 50075

Annual PHA Plan
Fiscal Year 20
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

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HUD 50075

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Halstead Housing Authority does not plan for any policy or program changes that were discussed in last year's PHA Plan.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$ 60,487.00**

C. ☒ Yes ☐ No: Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

☒ The Capital Fund Program 5-Year Action Plan is provided as Attachment

☒ **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application

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4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

STATEMENT :

The Halstead Housing Authority has not planned for demolition and/or disposition of any part of its Public Housing Development.

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

STATEMENT:

The Halstead Housing Authority does not participate in a Section 8 Homeownership Program.

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a

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PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. Yes ☒ No: Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes ☐ No: The PHDEP Plan is attached at Attachment _____

STATEMENT:

The Halstead Housing Authority has a One Strike Your Out Policy established March 18, 1998 by Resolution # 0398-05 that not only covers tenants in place but applicants filing applications. We work with our local police department and have a verbal agreement with the Halstead Police Department to perform a police screen on any applicant eighteen or older for Drug Related Criminal Activity, Alcohol Abuse Activity, Criminal Activity and Sexual Predator. We have a letter on file from the Halstead Police Department stating there is minimal crime in the area of our housing.

6. Other Information

[24 CFR Part 903.7 9 (r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (F : Comments of Residents and PHA Response).
3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
 - A list of these changes is included
 - Yes ☐ No: below or
 - Yes ☐ No: at the end of the RAB Comments in Attachment _____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.

COMMENTS ATTACHMENT F

The PUBLIC FORUM was held on April 2, 2001 from 7:00 - 7:30 p.m. in the Cottonwood Acres Community Room. No residents or general public attended.

Mrs. Bonnie Sheffler, Halstead Housing Authority Chairperson, and Barbara J. Post, Executive Director was in attendance to answer questions about the goals of the Halstead Housing Authority 5-Year and Annual Plan for 2001.

RESIDENT COMMENTS

1. Read and understood what affects this particular housing project.
2. I am very pleased with our new Security Lights-and the new white siding going on the units look so nice. I think the new siding really improves the value of the property as well as the quality. There has been a lot of repairs on the buildings that does not appear to anyone not knowing how many years of work that it has taken to do all this, but we the tenants, know and I really appreciate all that has been done for us, and Barbara has worked long hours doing the paperwork to get this for us. Thank you and thanks to the Board members. With all the ice and snow this winter we can be thankful for a devoted maintenance man Brent.
3. Looks alright to me.
4. I must commend you on the completion of this Public Housing Authority Plan. It certainly takes a lot of time and knowledge of preparation. I am very happy to be a tenant here; I like my place very much. Page 5, Topic 6, Item 3, In the comments section on the second line of the 3rd comment reads-PHA's consideration is included at the end....Explained that the comments received from the residents and any comments received at the Public Forum would be addressed in that section. She was satisfied that her comments would be made part of the Halstead Housing Authority Annual Plan.
5. Four residents responded with comments, listed above.
6. One resident declined the opportunity to take the Annual Plan home to read
7. Eight residents read the Annual Plan, but did not make any comments.
8. Two residents are staff, their comments were incorporated into the plan when the Annual Plan was being formulated.
9. Eight residents did not come to the office to pick up the Annual Plan to take home.

X Other: Considered comments, thanked the residents at the next Tenant and Staff meeting for their support of the improvements undertaken.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **Kansas Consolidated Plan, Revised Indicate year: 1999 - 2002**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

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X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other:

PHA Requests for support from the Consolidated Plan Agency

Yes **X** No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Halstead Housing Authority does not at this time plan for substantial Deviation from the 5-year Plan.

B. Significant Amendment or Modification to the Annual Plan:

The Halstead Housing Authority feels the following reasons would justify as a Significant Amendment to the Annual Plan:

- 1. Selling property to tenants under a Homeownership plan;**
- 2. Demolition of property;**
- 3. New Construction applying for additional housing;**
- 4. Changing housing designation from senior to family or from family to senior housing.**

C. Does not justify as a Significant Amendment to the Annual Plan.

The Halstead Housing Authority feels that the budget should remain flexible as long as the

long range goals are being met as outlined in the five-year plan, allowing for change due to the inspections by the company contracted by HUD, finishing long term projects sooner than anticipated, and unforeseen needs at the time the five-year plan was written.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
<i>X</i>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<i>X</i>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<i>X</i>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<i>X</i>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<i>X</i>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>N/A</i>	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
<i>N/A</i>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

<i>X</i>	Public housing rent determination policies, including the method for setting public housing flat rents <i>X</i> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<i>X</i>	Schedule of flat rents offered at each public housing development <i>X</i> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<i>N/A</i>	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<i>X</i>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<i>X</i>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<i>X</i>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<i>N/A</i>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<i>N/A</i>	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<i>X</i>	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<i>N/A</i>	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<i>X</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<i>X</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<i>N/A</i>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
<i>N/A</i>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<i>N/A</i>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

N/A	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> • Baseline law enforcement services for public housing developments assisted under the PHDEP plan; • Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); • Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; • Coordination with other law enforcement efforts; • Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and • All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A & O Policy</p>	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

TABLES PROVIDED WITH THE PLAN AND UP DATED TABLES DID NOT FORMAT PROPERLY ON MY SOFTWARE.

I USE WORDPERFECT I DID PULL DOWN THE PROPER TEMPLATE AND I DID MAKE EVERY EFFORT TO IMPUTE THE REQUESTED INFORMATION.

IN ORDER FOR ME TO SUBMIT THIS INFORMATION ON TIME I AM SUBMITTING THE FOLLOWING AND REQUEST THAT I BE ALLOWED TO SUBMIT THE HUD-50075 AS A HARD

COPY.

THE ANNUAL PLAN FOR FISCAL YEAR 2001

BOTH SETS OF HUD-50075

MY FIVE YEAR BUDGET FORMATTED TO EXCEL

Small PHA Plan Update Page

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Table Library

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:					
Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF HALSTEAD HALSETEAD		Grant Type and Number: Capital Fund Program KS16P11250100 KS16P11250100 Capital Ca		Federal FY of Grant: 10/2000	
Original Annual Statement [X] Performance & Evaluation Report for Period Ending: 12/31/2000 Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)					
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 5,900.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 2,000.00			
10	1460 Dwelling Structures	\$42,537.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 7,400.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$ 1,500.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 59,337.00			
21	Amount of line 20 Related to LBP Activities	0.00			

22	Amount of line 20 Related to Section 504 Compliance	0.00			
23	Amount of line 20 Related to Security	0.00			
24	Amount of line 20 Related to Energy Conservation Measures	0.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: HOUSING AUTHORITY OF THE CITY OF HALSTEAD		Grant Type and Number Capital Fund Program #: KS16P11250100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 10/2000		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
KS112	Operations	1406		\$ 5,900.00		0.00	0.00	
001								
	Site Improvements	1450		\$ 2,000.00		0.00	0.00	
	Dwelling Structures	1460		\$42,537.00		0.00	0.00	
	Dwelling Equipment	1465.1		\$ 7,400.00		0.00	0.00	
	Non-Dwelling Equipment	1475		\$ 1,500.00		0.00	0.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: HOUSING AUTHORITY OF THE CITY OF HALSTEAD			Grant Type and Number Capital Fund Program #: KS16P11250100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 10/2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
KS112								
001								
					</			

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan				
Original statement		Revised statement		
Development Number	Development Name (or indicate PHA wide)			
KS112	PHA WIDE			
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)	
1406	Operations	\$5,900.00	2000	
1450	Site Improvements	\$12,000.00		
1460	Dwelling Structures	\$42,537.00		
1465.1	Dwelling Equipment	\$7,400.00		
1475	Non-Dwelling Equipment	\$1,500.00		
1406	Operations	\$ 5,900.00	2001	
1408	Management Improvements	\$14,804.00		
1411	Additional	\$1,000.00		
1450	Site Improvements	\$22,500.00		
1460	Dwelling Structures			
		Doors	\$	2003
		Interior Doors/Hardware	\$	
		Exterior Doors/framing	\$	
		Storm doors	\$	
		Cabinets/Kitchen		
		Cabinets/Bathroom		
	Dwelling Equipment			
	Appliances			
	Non-Dwelling Equipment			
	Work Vehicle			
	Operations			
	Management Improvements			

Site Improvements
Landscaping/Watering
Dwelling Structures
Dwelling Equipment
Non-Dwelling Equipment

Operations
Management Improvements
Site Improvements
Dwelling Structures

Dwelling Equipment
Non-Dwelling Equipment

1460	Dwelling Structures	\$1,000.00	
	Doors/Interior/hardware		
	Exterior/framing		
	Storm doors		
	Cabinets/Kitchen		
	Bathroom		
	Floor Tiles		
	HVAC Vents		
	Range Hoods		
	Toilets		
1465.1	Dwelling Equipment	\$1,383.00	
	Refrigerators		
	Ranges		
1470	Non-Dwelling Structures	0.00	
1475	Non-Dwelling Equipment		
	Office Equipment		
	Maintenance Equipment		
	Vehicles	\$14,800.00	
Operations			
Management Improvements			
Site Improvements			
Dwelling Structures			

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "E" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary

Original statement**Revised statement dated:**

Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHED E P Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

Proposed Activities	# of Perso ns Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Perso ns Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention										Total PHDEP Funding: \$									
Goal(s)																			

Objectives							
Proposed Activities	# of Perso ns Serve d	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Perso ns Serve d	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Pers ons Serv ed	Target Population	Start Date	Expect ed Compl ete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D : Resident Member on the PHA Governing Board

1. ☒ Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board: **MARIE BOESE**

How was the resident board member selected: (select one)?

Elected
☒ Appointed

C. The term of appointment is (include the date term expires): **Marie Boese, is filling the unexpired four year term of resident on the board Viola Griffin, 07-1998 to 07-13-2002.**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
Other (explain):

B. Date of next term expiration of a governing board member:

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

HALSTEAD HOUSING AUTHORITY BOARD

Chairperson: Bonnie Sheffler
Vice-Chairperson: Richard Vogt
Secretary: Marie Boese
Board Member: James Loflin
Board Member: Jim Will

Required Attachment E : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

1. Marie Boese
2. Sandy Cody
3. Deloris Garner

All residents want to be kept informed thru the Tenant and Staff monthly meetings of changes, updates and improvements planned. The above residents signed this form saying they want to help plan those changes, updates and improvements.

ATTACHMENT G : DECONCENTRATION STATEMENT:

We are a small housing authority of thirty-six units at two locations. We

have sixteen senior units at one location and twenty family units at a second location. When we have more than one vacancy at either complex we show the units that are available and the prospective tenant chooses the apartment they want to live in.

ATTACHMENT H : WAITING LIST STATEMENT:

We use only one waiting list for both the HUD and the Rural Development properties. The information obtained from the application is placed on the waiting list so the applicant's eligibility for either complex is stated, the applicant's preferences for one site over another site, and any special needs that the applicant has included on the application.

ATTACHMENT I : RENT DETERMINATION POLICY STATEMENT:

The Halstead Housing Authority offers three levels of rent determination. All levels start with the traditional formula gross income, minus allowable expenses, equaling the adjusted gross income, times 30% minus appropriate utility allowance to determine the income-based rent.

Attachment J - Discretionary Policy describes the second level of rent determination.

The third level of rent determination is the Flat Rent.

The Halstead Housing Authority established Flat Rents on March 15, 2000, by Resolution # 03-2000-03. If the family qualifies for the Flat Rent at recertification or after an interim adjustment we inform the resident that they are eligible for a Flat Rent under the Flat Rent Policy. We send them a form that allows them to change from an Income-Based Rent to a Flat Rent.

ATTACHMENT J : DISCRETIONARY POLICY STATEMENT:

The Halstead Housing Authority established a Discretionary Policy on July 16, 1997, by Resolution # 0797-01. The Discretionary Policy allows a working family that does not qualify for the flat rent for their unit but their rent would be greater than \$ 150.00 additional deductions. These deductions are, subtraction of the FICA from the gross wages, medical deduction of \$ 30.00 if they pay for their medical insurance, and the first eight hours of overtime each month is not counted as income.

ATTACHMENT K : PET OWNERSHIP POLICY STATEMENT:

The Halstead Housing Authority updated the Pet Policy on February 19,

1997, by Resolution # 0297-01.

RURAL DEVELOPMENT SENIOR COMPLEX - Definitions, of common household pets, mean a domesticated animal, such as a dog, cat, bird, or fish that is traditionally kept in the home for pleasure rather than for commercial purposes. Common household pet does not include reptiles.

HUD PUBLIC HOUSING - Definitions, of common household pets, mean a domesticated animal, such as a cat, bird, or fish that is traditionally kept in the home for pleasure rather than for commercial purposes. Common household pets do not include reptiles. We do not include dogs at this time in the Pet Policy. We will address the issue of including dogs in the pet policy when we update our Housing Authority Policies this year.

SERVICE ANIMALS - Service animals used to assist persons to be independent are not considered pets and as such are not bound by the Pet Policy.

ATTACHMENT L : FINANCIAL STATEMENT:

Our Agency Wide audited Financial Statements included the following programs:

HUD Public Housing - CIAP - CIAP - Rural Development - State/Local

The Halstead Housing Authority Agency Wide Audited Financial Statements were successfully transmitted to REAC on March 24, 2001 and was certified by our Auditor Cynthia L. Warren CPA on March 24, 2001 as follows:

CERTIFICATION STATEMENT

This is to certify that, to the best of my knowledge and belief, the information contained in this submission - including but not limited to the accompanying FDS and entity self assessment - is accurate and complete for the period described on data element lines G9000-010, G2000-020, and G2000-030.

Line Item #	Account Description	Total
190	Total Assets	\$2,117,101.00
600	Total Liabilities and Equity	\$2,117,101.00
700	Total Revenue	\$ 403,621.00

969	Total Operating Expenses\$	162,258.00
970	Excess (Deficiency) of Operating \$	241,363.00
	Revenue Over (Under) Operating	
	Expenses	
900	Total Expenses\$	249,043.00
1000	Excess (Deficiency) of Operating\$	154,578.00
	Revenue Over (Under) Operating	
	Expenses	

ATTACHMENT M : PROGRESS STATEMENT

Statement of progress in meeting mission and goals described in the 5-Year Plan

The Halstead Housing Authority is meeting our mission in that we continue to provide adequate and affordable housing.

Both locations provide an environment free from discrimination. We have a resident serving on our board. To encourage resident involvement with the overall activities of the Halstead Housing Authority on November 3, 1999, we implemented a Tenant and Staff monthly meeting on the second Wednesday of the month. With the regular monthly Board Meeting on the third Wednesday of the month so the Board can address resident concerns if needed in the same month. We give copies of the minutes of the tenant and staff meetings to each resident family. To help with the high energy costs, we inform the residents when the new Low Income Energy Assistance Program (LIEAP) guidelines come out. Halstead Housing Authority staff helps residents fill out and file their LIEAP application. The long range improvements outlined in the budget of the

five-year plan are on
schedule. We operate a
community based
general public
transportation program
using a Section 18
lift-equipped vehicle that
provides demand service
to the Halstead
community. Although
this program is not
housing related, it does
provide transportation for
our residents who no
longer drive. This
program can also
addresses at least within
the Halstead area one
issue we have at our
Sunflower Heights
complex as many
younger families who are
required to work do not
have reliable
transportation.